

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

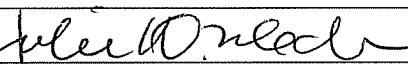
		Application Number	10/840,178
		Filing Date	5/6/2004
		First Named Inventor	Roy H. Hammerstedt
		Art Unit	1641
		Examiner Name	Christopher L. Chin
Total Number of Pages in This Submission	12	Attorney Docket Number	2034 - 044072

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Transmittal Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53		
Remarks		

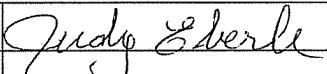
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Julie W. Meder		
Date	January 25, 2008	Reg. No.	36,216

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Judy Eberle	Date	January 25, 2008

TRANSMITTAL LETTER

MAIL STOP AMENDMENT  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Application No.: 10/840,178 Filing Date: May 6, 2004

Confirmation No.: 7502 Group Art Unit: 1641

Examiner: Christopher L. Chin

Invention: INTERROGATION OF CHANGES IN THE CONTENTS OF A SEALED CONTAINER

Transmitted herewith is an Amendment, Petition for Extension of Time, and Fee Transmittal in the above-identified application.

- Small Entity Status is/has been asserted for this application under 37 CFR 1.27.  
 A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.  
 No additional fee is required.  
 The fee has been calculated as shown below:

No. of Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity Rate	Non-Small Entity Rate	Charge
Total <u>13</u>	<u>27</u>		x \$ 25.00	x \$ 50.00	\$ _____
Indep. <u>2</u>	<u>3</u>		x \$105.00	x \$210.00	\$ _____
			+ \$185.00	+ \$370.00	\$ _____
				TOTAL ADDITIONAL FEE	\$ <u>0</u>

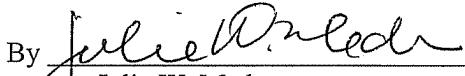
- The following fee(s) is/are authorized to be charged by credit card:

\$ \_\_\_\_\_ to cover the additional fee.  
\$ 60.00 for a one -month Petition for Extension of time.

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650.  
 Any additional filing fees required under 37 CFR 1.16.  
 Any patent application processing fees under 37 CFR 1.17.

January 25, 2008  
Date

By



Julie W. Meder  
Registration No. 36.216  
Attorney for Applicants  
436 Seventh Avenue  
700 Koppers Building  
Pittsburgh, PA 15219  
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01/25/2008 Judy Eberle  
Date Signature  
Judy Eberle  
Typed Name of Person Signing Certificate

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)  
60.00

Complete if Known	
Application Number	10/840,178
Filing Date	5/6/2004
First Named Inventor	Roy H. Hammerstedt
Examiner Name	Christopher L. Chin
Art Unit	1641
Attorney Docket	2034 - 044072

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

#### FILING FEES      SEARCH FEES      EXAMINATION FEES

Application Type	Small Entity		Small Entity		Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	310	75	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	- 20 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
13	- 27	= 0	x 0	= 0	50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	- 3 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3	= 0	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

### 4. OTHER FEE(S)

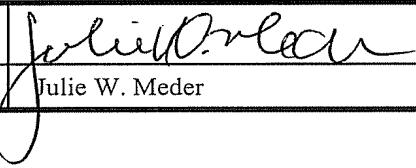
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time Fee

Fees Paid (\$)

\$60.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,216	Telephone 412-471-8815
Name (Print/Type)	Julie W. Meder	Date	January 25, 2008